



CalPERS RETIREES

REGISTRATION FOR FINANCIAL PLANNING SEMINAR

Section I: Office Conducting Seminar

<input type="checkbox"/> SACRAMENTO 2750 Gateway Oaks, Suite 140 Sacramento, CA 95833 Toll Free (877) 720-7377 FAX (916) 231-7878 TDD: (916) 326-3240	<input type="checkbox"/> SAN FRANCISCO 301 Howard Street Suite 2020 San Francisco, CA 94105 Toll Free (877) 720-7377 FAX (415) 369-8501	<input type="checkbox"/> GLENDALE 655 North Central Avenue Suite 1400 Glendale, CA 91203 Toll Free (877) 720-7377 FAX (818) 662-4304	<input type="checkbox"/> SAN BERNARDINO 650 East Hospitality, Suite 330 San Bernardino, CA 92408 (909) 806-4800 Toll Free (877) 720-7377 10/16/00 FAX (909) 806-4820
<input type="checkbox"/> FRESNO 10 River Park Place East Suite 230 Fresno, CA 93720 (559) 440-4900 Toll Free (877) 720-7377 10/2/00 FAX (559) 440-4901	<input type="checkbox"/> MOUNTAIN VIEW 650 Castro Street Suite 240 Mountain View, CA 94041 (650) 428-4600 Toll Free (877) 720-7377 9/5/00 FAX (650) 428-4601	<input type="checkbox"/> ORANGE 500 North State College Blvd. Suite 750 Orange, CA 92868 (714) 939-4700 Toll Free (877) 720-7277 8/14/00 FAX (714) 939-4701	<input type="checkbox"/> SAN DIEGO 7676 Hazard Center Dr, Suite 350 San Diego, CA 92108 (619) 220-7200 Toll Free (877) 720-7377 9/18/00 FAX (619) 220-7201

*Privacy Statement: Providing the Social Security Number is voluntary in accordance with the Information Practices Act of 1977 and the Privacy Act of 1974 (PL93-679). If provided, the Social Security Number may be used by departments to maintain records of training requested and attended by members.

Section II: Seminar Selection

Seminar Dates – Please Write In Date Choice(s)

Preferences—List 1st, 2nd, etc. beside each date in order of preference in case your first selection is filled

<u>Seminar Date</u>	<u>Location</u>	<u>1st, 2nd, 3rd Preference</u>
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Section III: Member Information

Social Security No.	LAST NAME	FIRST NAME (Print or Type Please)
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Disability Accommodation Needed: ☐ Auditory ☐ Mobility ☐ Visual ☐ Other _____

Type of Accommodation Needed: (PLEASE SPECIFY):

Section IV: Spouse Information

WILL SPOUSE ATTEND? ☐ **YES** (If Yes, please complete next line)

If Spouse will attend, is Spouse a CalPERS Member? ☐ **YES** (If Yes, please complete next line)

Spouse's Social Security No.	Spouse's LAST NAME	FIRST NAME (Print or Type Please)
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Section V: Notification Information

Where should Registration Confirmation be sent?

Mailing Address:

City, State and ZIP Code:

Daytime Telephone Number with Area Code:

CalPERS RETIREES
Financial Planning Seminar
Registration Form Instructions

Notification of Enrollment

An initial letter of enrollment will be mailed to the retiree within eight weeks of receiving the registration request.

A second notification letter will be mailed approximately ten days before the seminar date.

Cancellations

If you find that you will be unable to attend your scheduled seminar, please phone, FAX or mail your cancellation to the CalPERS Office responsible for conducting the seminar.

Additional Information

For specific information regarding the seminars (facility, address, etc.), contact the appropriate CalPERS Office listed in the schedule.